PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 08, 2004

Application or Docket Number

10 1588774

(Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
U.S. NATIONAL STAGE FEES			(Goldmin 1)					RATE	FEE		RATE	FEE
BASI	C FEE		SMALL ENT. = \$ 150		LARG	E ENT. = \$ 300	B/	ASIC FEE	\$150	OR	BASIC FEE	\$300
EXA	MINATION FEE		Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			ner situations = 100 / \$ 200	E	KAM. FEE	\$100		EXAM. FEE	\$200
	RCH FEE		U.S. is ISA = \$50 / \$100 ALL other countries =		ALL of	her situations =	S	EARCH FEE	\$200		SEARCH FEE	\$400
			\$ 200 / \$ 400		\$	250 / \$ 500	I ⊢		Ψ 2 00			/
FEE	FOR EXTRA SI	PEC. PGS.	minus 100 =			/ 50 =	╽┟	X \$ 125 =			X \$ 250 =	/
TOTAL CHARGEABLE CLAIMS			// minus 20 = *			/	-	X \$ 25 =		OR	X \$ 50 =	
INDE	PENDENT CLA	AIMS	/ mini	us 3 =	* /	<i></i>		X \$ 100 =		OR	X \$ 200 =	
		DENT CLAIM PRI	SENT				L	+ \$ 180 =		OR	+ \$ 360 =	/
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	900
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	ĺſ	X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
							• -	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Totál	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMENDA	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".												
I		mber Previously Pai					d in the	annronriate box	r in column 1			